ARIZONA STATE BO	AL STATISTICS
1. PLACE OF BIRTH STANDARD CERTIF	ICATE OF BIRTH
County Lila	State Origona
District or Township Lower Miami or Village	
Oity. No. 43 Zraver Cyr. St., Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child. De' Todigney If child is not yet named, make supplemental report, as directed.	
3. Sex of Child To be answered ONLY in event of plural births. 1. Twin, triplet or other	
8. FATHER	14. MOTHER Q
Full name Manuel Rodriguez	Full maiden name Emilia Rato
9. Residence (Usual place of abode) Mani, Augon	15. Residence (Usual place of abode) Miami Anyon
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
Mufican 11. Age at last birthday 30 (Years)	Mux: car 17. Age at last birthday
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) Mux; Co	(State or country) Calarado
13. Occupation Trackman	19. Occupation
Nature of industry Railroad	Nature of industry
20. Number of children of this mother. (a) Born alive	ind now living 21. Were precautions taken against spa-
(makes on of time of high of child horoin } (b) Born alive b	out now dead 2 thalmis noonatorum.
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *	
There are select that I attended the birth of this child, who was	Born alive of stillborn
* When there was no attending physician or midwife, then the father, householder, a stillness at the state of	O. Frankler
etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife).
Given name added from a supplemental report	mami, agign
Month, day, year Piles Leht 30 19 29 10-6. Jum	
Registrar.	Registrar.
199-904-526	